

Application Data Sheet

Application Information

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|----------------------------------|-------------------------------------------------------|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of copies of CDs:: | |
| Sequence submission?:: | |
| Computer Readable Form (CRF)?:: | No |
| Number of copies of CRF:: | |
| Title :: | PUTTING STROKE ANALYZER AND PUTTER FOR USE THEREIN |
| Attorney Docket Number:: | KITAMU0003 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 9 |
| Small Entity?:: | YES |
| Latin Name:: | |
| Variety denomination name:: | |
| Petition included?:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity

Given Name:: Toru
Middle Name::
Family Name:: YAMADA
Name Suffix::
City of Residence:: Yamagata-shi
State or Province of Residence:: Yamagata
Country of Residence:: JAPAN
Street of mailing address:: 13-16, Naneichou 2-chome
City of mailing address:: Yamagata-shi
State or Province of mailing address:: Yamagata
Country of mailing address:: JAPAN
Postal or Zip Code of mailing address:: 990-2445

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity

Given Name:: Daiichiro
Middle Name::
Family Name:: SUZUKI
Name Suffix::
City of Residence:: Hamamatsu-shi
State or Province of Residence:: Shizuoka
Country of Residence:: JAPAN
Street of mailing address:: Ko-to-Ra-Se-nu 306, 800-2, Watase-cho
City of mailing address:: Hamamatsu-shi

State or Province of mailing address:: Shizuoka
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 435-0036

Correspondence Information

Correspondence Customer Number :: 24203

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone Number:: (703) 979-5700
Fax Number:: (703) 979-7429
E-Mail address:: GANDS@szipl.com

Representative Information

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|-------------------------------------|-------|--|
| Representative Customer Number:: | 24203 | |
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Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | National Stage of | PCT/JP2003/016450 | 12/22/03 |
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | |

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::